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Mark B McClellan, MD, PhD, Commissioner Food and Drug Administration 5600 Fishers Lane Rockville MD 20854, USA



25.7.04

Dear Commissioner McClellan,

## Re: Crestor (rosuvastatin). Petition for withdrawal by Public Citizen

I write to offer my suggestions on the above petition, and also on the recent response by AstraZeneca rebutting this proposal.

I contend that the issue with this product lies not with the molecule but with its dosage range, as the side effect profile of statins is known to be dose dependent.

Studies show that 2.5 mg of Crestor reduces LDL-C 40%, and just 1 mg reduces LDL-C by 34%, on average. (1)(2) These doses are far stronger than the standard initial doses of Pravachol, Mevacor, Zocor, and Lescol. Indeed, the lead author of one study stated: "Even at 1 mg/day, rosuvastatin reduced LDL-C by 35%, the same percentage reduction seen with simvastatin [Zocor] 20 and 40 mg. (2)."

## Proposal

- A. Withdrawal of Crestor tablet strengths higher than 10mg, with this becoming the maximum daily dose.
- B. The 5mg dose to become the usual starting dose for all patients
- C. Further investigation of the clinical usefulness and safety profile of lower doses of Crestor (1mg and 2.5mg).

It could be that such a compromise, to encourage lower doses rather than higher ones, would be seen as the "Wisdom of Solomon" in what must be a difficult situation for you to adjudicate upon.

Yours sincerely,

Dr John Blenkinsopp MB ChB BPharm MRPharmS

Principal Research Fellow, School of Pharmacy

1. Olsson, AG, Pears, J, McKellar, J, et al. Effect of rosuvastatin on low-density lipoprotein cholesterol in patients with hypercholesterolemia. American Journal of Cardiology 2001;88:504-508.

2. Olsson, AG. A new statin: a new standard. The American Journal of Managed Care 2001;7:S152.

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